

Manager Walk-Through Report

Observer: _____ Prog / Dept: _____
Date: _____ Group / Section: _____
Safety Coord: _____ Checklist #: _____

Condition observed Room/Building: _____ Checklist Item #: _____
Description: _____

Response to Condition Manager's Signature _____
Description: _____

QA Rating: ☐ Low = as resources permit Planned Closeout Date: ____/____/____
☐ Moderate = 60 days Actual Closeout Date: ____/____/____
☐ High = 1 day or removal Date Referred to ESH&A: ____/____/____

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